MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN

EMSC CONNECTION

VOLUME 1, ISSUE 1 APRIL 2013

A word from the EMSC Program Manager:

Greetings! My name is Robin Suzor. I am the new Emergency Medical Services for Children Program Manager with the Montana Department of Public Health and Human Services, Emergency Medical Services and Trauma Section.

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

Many exciting events are going on this month.

- ✓ National Pediatric Readiness Project
- ✓ Special Shout Out to Hospitals!
- ✓ Child Abuse Prevention Month
- ✓ Alcohol Awareness Month
- ✓ Broselow Training (any time)

What Is the National Pediatric Readiness Project? http://pediatricreadiness.org/

The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children. The first phase of this project will be a national assessment of EDs' readiness to care for children.

The assessment is based on the following areas of the Joint Policy Statement: Guidelines for the Care of Children in the Emergency Department (published in ***Pediatrics***, October 2009 and ***Annals of Emergency Medicine***, October 2009):

- Administration and Coordination;
- Physicians, Nurses, and Other ED Staff;
- QI/PI in the Emergency Department (ED);
- Pediatric Patient Safety;
- Policies, Procedures, and Protocols; and
- Equipment, Supplies, and Medications

The primary purpose of this project is three-fold, to establish:

(1) A composite baseline of the nation's Ed capacity to provide care to children;

(2) A foundation for EDs to engage in an ongoing quality improvement process that includes implementing the ***Guidelines for the Care of Children in the Emergency Department;*** and

(3) A benchmark that measures an ED's improvement over time.

WHAT ARE THE BENEFITS OF THIS PROJECT?

- This project will inform individual EDs if it has the identified essential resources needed to effectively care for children of all ages.
- The project will provide a snapshot of the nation's EDs' readiness to care for children.
- The project will provide benchmarking between EDs based on pediatric patient volume.
- The assessment results will be confidential. An ED's identifying information will not be publically released.

Each ED that completes the assessment will receive an individual one-year subscription to PEMSoft (www.pemsoft.com), a web-based pediatric decision support tool used in hundreds of facilities worldwide.

Key Partners:
EMS for Children (EMSC) Program; American Academy of Pediatricians (AAP); American College of Emergency Physicians (ACEP); Emergency Nurses Association (ENA); Supporting Organizations: Joint Commission Hospital Corporation of America


As of Monday, April 25, 2013, Montana has a **43.3% Response Rate** with 26 out of 60 hospitals assessed.

A SPECIAL SHOUT out to the Montana Hospitals who have completed the Pediatric Readiness Assessment! Way to go!!

Barrett Hospital and Healthcare; Beartooth Hospital and Health Center; Big Horn County Memorial Hospital; Billings Clinic; Bozeman Deaconess Hospital; Clark Fork Valley Hospital; Crow Northern Cheyenne Hospital; Dahl Memorial Healthcare; Daniels Memorial Healthcare Center; Frances Mahon Deaconess Hospital; Kalispell Regional Medical Center; Lame Deer Health Center; Livingston Memorial Hospital; Madison Valley Medical Center; Marcus Daly Memorial Hospital; Marias Medical Center; Northern Montana Hospital; Phillips County Medical Center; Pondera Medical Center; Ruby Valley Hospital; Sheridan Memorial Hospital; Sidney Health Center; St. Joseph Hospital; St. Luke Community Hospital; Stillwater Community Hospital; and Teton Medical Center Teton

I know the other hospitals are probably in the process of completing it as well! I am happy to answer any questions that come up. Just email me at rsuzor@mt.gov.

APRIL IS CHILD ABUSE PREVENTION MONTH

April is National Child Abuse Prevention Month: a time to recognize that we each can play a part in promoting the social and emotional well-being of children and families in communities.

When looking into the smiling face of a child, it is difficult to imagine that anyone would hurt these little ones. Tragically, it is a reality in our world. In 2009, Child Protective Services confirmed more than 700,000 children were abused or neglected. These represent only a fraction of actual cases, as most are not reported. Some studies estimate that 1 in 8 U.S. children experience some form of child maltreatment.* * Centers for Disease Control www.cdc.gov

EMS providers have an important role in protecting these innocent children. You have eyes on the scene, situation, and environment that other healthcare providers do not.

Child Maltreatment in the 21st Century

Child maltreatment or abuse is responsible for 2000 deaths per year and this is likely a huge underestimate since many cases are unreported. It is the leading cause of traumatic death in children <4 yrs. This is as many deaths as from all childhood cancers combined.

Inflicted Traumatic Brain Injury (ITBI)

Formerly known as Shaken Baby Syndrome or Abusive Head Trauma, ITBI is a leading cause of serious head injury in small children. There are 25-30 reported cases per 100,000 children every year. For every one reported case, there may be 150 unreported. Usually the victim is very young, under the age of 1 yr. The median age is 4-6 months, but they can range from 1 month to >10 years.

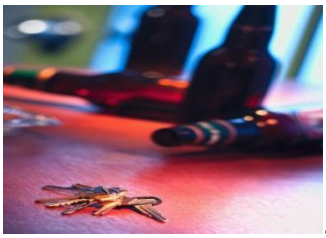
Physiologic factors predisposing infant to shaking injury

- ✓ large heavy head/brain
- ✓ increased extracerebral spaces
- ✓ loose attachments of meninges
- ✓ weak neck muscles
- ✓ thin pliable skull

Did you know that crying is the number one trigger for ITBI (SBS/AHT)? Learn more about the Period of Purple Crying program and free resources for your hospital by contacting the Montana Purple Project at http://www.purplemt.org or (406) 449-8611 or the Montana Children's Trust Fund at http://www.dphhs.mt.gov/childrenstrustfund/index.shtml.

Always report your suspicion to the MT DPHHS, CFSD, Centralized Intake 24 Hour Toll-Free Hotline: **Report a possible case of child abuse or neglect, call toll-free 1 (866) 820-5437.**

First responders, please be vigilant. Know how to identify the signs of abuse and always follow through with the proper reporting procedures. EMS responders should keep the possibility of child maltreatment in their mind on **all** pediatric calls. Even if it turns out to be nothing, you did the right thing for the right reasons and no one can fault you for that. For more information, please go to http://www.dphhs.mt.gov/cfsd/index.shtml.



ALCOHOL AWARENESS MONTH

Alcohol Awareness Month, sponsored by the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) since 1987, encourages local communities to take action to end underage drinking. http://www.ncadd.org/index.php/programs-a-services/alcohol-awareness-month/

Pediatric Visits to the United State Emergency Departments for Alcohol-related disorders

(TadrosA, Davidov DM, Coleman J, Davis SM-Department of Emergency Medicine, West Virginia University, Morgantown, WV-J Emerg Med 2013 Feb 26, pii:S0736-4679(12)01589-2.doi:10:1016/j.jemermed.2012 11.065)

The study was to determine the number of Pediatric patients (ages 17 and younger) presenting to the EDs in the United States from 2006-2008 for alcohol related disorders. This was a retrospective cohort study using 3 years of data from the Nationwide Emergency Department Sample. The results showed that a total of 218,514 pediatric patients presented to US EDs and received a subsequent diagnosis of an alcohol-related disorder. Mean age of patients was 15.61 years. Most patients were male and tended to be from higher income communities. These visits accounted for more than $850 million dollars in charges. ED-based brief alcohol interventions are shown to work in adult populations and should be explored for use in pediatric patients.

Alcohol-related visits to the emergency department by injured adolescents: a national perspective

(Linakis JG, Chun TH, Mello MJ, Baird J. Department of Emergency Medicine, The Warren Alpert Medical School of Brown University, Providen, Rhode Island, J Adolesc Health 2009 Jul:45(1): 84-90. Doi: 10:1016/j.adolhealth.2008.11.008. Epub 2009 Feb 28)

The report's conclusions were "Our findings suggest that injured adolescents are more likely to present to the ED with alcohol-related visit during the early hours of the morning that the injury is more likely to be assault-related and of higher acuity that non-alcohol visits."

These findings suggest the ED as a potential site for alcohol prevention interventions with younger adolescents. However, these interventions will need to take into account when such adolescents will present in the ED and will need to recognize the factors such as violence and aggression, in addition to alcohol use, may be important to address in the intervention.

MT SBIRT Project (Screening, Brief Intervention and Refer to Treatment)

The Montana Department of Transportation and the Montana Department of Public Health & Human Services are collaborating with hospitals and healthcare providers to

implement this evidence-based program to address the high rate of alcohol and drug-related traffic crashes.

The goals of the **SBIRT Project** are to:

- Reduce alcohol & drug-related fatalities
- Reduce the rate of alcohol & drug-related traffic crashes
- Increase the awareness, acceptance, and implementation of SBIRT protocols in Montana's healthcare culture

The MT SBIRT Project provides one-on-one technical assistance and support to healthcare providers in the Emergency Department, Trauma Services, Social Services, primary care clinics, university medical clinic setting, and pediatricians to learn about and implement screening and brief interventions.

If you are interested in learning more about SBIRT and how to implement the program in your facility/agency contact **Montana SBIRT Project,** Bobbi Perkins, Injury Prevention Coordinator, (406) 444-4126, bperkins@mt.gov or http://www.dphhs.mt.gov/ems/prevention/sbirt.shtml

BROSELOW TRAINING

The Broselow Pediatric Emergency Tape, also called the **Broselow Tape**, is a color-coded tape measure that is used throughout the world for pediatric emergencies. The Broselow Tape relates a child's height as measured by the tape to his/her weight to provide medical instructions including medication dosages, the size of the equipment that should be used, and the level of shock voltage when using a defibrillator. Particular to children is the need to calculate all these therapies for each child individually. In an emergency, the time required to do this detracts from valuable time needed to evaluate, initiate, and monitor patient treatment. The Broselow Tape is recognized in most medical textbooks and publications as a standard for the emergency treatment of children.

The 2011 version of the Broselow Tape incorporates revised length weight zones based on the most recent National Health and Nutrition Examination Survey (NHANES) data set. If the healthcare provider incorporates a visual estimate of body habitus into the prediction, the accuracy of the estimate of actual patient weight is improved as confirmed in multiple studies. Specifically, for drug dosing the patient's length-based dosing zone if the child appears overweight. Thus, incorporating a visual estimate of whether the child is over-weight provides a simple method to predict weight that appears to be clinically relevant given the rise of obesity in the United States.

The Montana EMS & Trauma Systems has developed a free online training to learn how to use the BroselowTM Pediatric Tape.

Ambulance Services that have at least half of the EMS staff complete the online BroselowTM Tape Training are eligible to receive one Pediatric Emergency Tape for each transporting ambulance with a limit of five tapes for each service.
http://www.dphhs.mt.gov/ems/resources/misc/Broselow.pdf

National:

APIC Releases Guide to Infection Prevention in EMS
The Association for Professionals in Infection Control and Epidemiology (APIC) released "Guide to Infection Prevention in Emergency Medical Services." The guide aims to provide EMS system responders and their organizations with a practical resource to infection recognition and prevention in the EMS environment. The guide is inclusive of current information, recommendations, regulations, resources, program examples, and forms to utilize in the EMS system responders setting.

Urgent Matters Webinar: Coordinating Care through Telemedicine
Urgent Matters will host the webinar "Coordinating Care Through Telemedicine" at 1:00 pm (Eastern) on April 25. The webinar will discuss the history of telemedicine and provide hands-on applications of telemedicine in emergency care that focus on critical access emergency departments, as well as the need to develop curriculum for nurse practitioners to be adequately trained to deliver high quality telemedicine to their patients.
